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UNCLAS SECTION 01 OF 02 HARARE 001576

SIPDIS

AF/S FOR BNEULING  
OES/IHA FOR DR. DANIEL SINGER, REBECCA DALEY  
INR/GI RAYMOND LESTER  
NSC FOR SENIOR AFRICA DIRECTOR C. COURVELLE, D. TEITELBAUM  
USDOC FOR ROBERT TELCHIN  
TREASURY FOR J. RALYEA

E.O. 12958: N/A

TAGS: [TBIO](#) [SENV](#) [ECON](#) [EAGR](#) [EAID](#) [PREL](#) [ZI](#)

SUBJECT: ZIMBABWE'S AVIAN FLU RESPONSE CAPABILITY

REF: SECSTATE 206992

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Summary/Introduction  
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1. (U) The GOZ has begun planning for a potential avian influenza outbreak, but lacks the scientific expertise or financial wherewithal to detect outbreaks and implement response measures effectively. Burdened by a high HIV infection rate, growing incidence of tuberculosis, high emigration rates among health care professionals, and a lack of funds, Zimbabwe's once robust health care system is strained but still relatively capable compared with other developing African countries. While our overarching bilateral relations are strained, the relationship between the GOZ and officials of the Centers for Disease Control (CDC) and USAID remains relatively constructive. Keyed to the sequence of headings/questions in reftel, information below is based principally on the knowledge and experience of Mission personnel from CDC and USAID who work with the Ministry of Health (MOH). End Summary/Introduction.

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Preparedness/Communication  
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2. (U) We understand from MOH sources that the GOZ does have a draft avian influenza preparedness plan. The plan is reportedly based on WHO's Phase III Global Influenza Preparedness Plan. It has not as yet been made public and is currently only available to individuals directly involved in the planning process.

3. (U) Based on its public information campaigns associated with HIV/AIDS and a recent outbreak of dysentery, the GOZ would likely report on avian influenza outbreaks in animals and humans truthfully. The GOZ would also likely emphasize education to promote outbreak-mitigating behavior. Weekly independent newspapers and radio broadcasts from outside Zimbabwe (e.g., Voice of America) offer channels of communication outside immediate GOZ control for donors and NGOs.

4. (U) Senior MOH officials chair planning meetings, with Dr. Midzi of the MOH Infectious Diseases Unit (tel: 263-4-729-032) as the key point of contact. The GOZ generally does attach importance to public health concerns. However, it is increasingly absorbed with the country's economic meltdown, political crises, and chronic HIV/AIDS epidemic to the detriment of other issues.

5. (U) As part of its planning exercise, the GOZ is reviewing its laws to ensure that they are consistent with international health regulations and do not pose barriers to avian influenza detection, reporting, containment, or response. We are unaware of any existing regulations that would likely pose undue barriers. There were no problems in implementing appropriate protection during the worldwide SARS epidemic.

6. (U) The MOH is working with WHO, CDC, USAID, UNAIDS, and other international organizations in its avian influenza preparedness plan. The GOZ is very sensitive about appearing to need international assistance but has generally been open to health-related assistance. It would likely be interested in USG assistance to facilitate animal and human surveillance, early detection of avian influenza, laboratory expertise, and access to drugs. The GOZ does not have a stockpile of vaccines and is not developing a vaccine for the H5N1 virus. We are unaware of a liability shield for foreign makers/donors of vaccines. The prospect for one's enactment may be clearer after the GOZ completes the review of its laws.

7. (U) The GOZ is implementing a plan to educate key constituencies through existing professional associations and organizations. The state media has reported on the issue generally but not as a specific threat to Zimbabwe.

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Surveillance and Detection  
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18. (U) There is no laboratory in Zimbabwe that is capable of detecting and isolating strains of influenza. It is unknown how long it might take to diagnose given the lack of laboratory expertise and the fact that the closest laboratory with such expertise appears to be in Italy. Zimbabwe cannot subtype influenza viruses and does not currently send samples out for verification.

19. (U) The GOZ's inability to conduct adequate human and animal surveillance activities to detect signs of infection early is the most immediate critical gap in Zimbabwe's prospective avian influenza response. The GOZ could most benefit from funding and technical assistance for such surveillance.

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Response and Containment  
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10. (U) Zimbabwe does not have a stockpile of medications to handle an avian influenza outbreak.

11. (U) Zimbabwe does not have a stockpile of pre-positioned personal protective gear in the event of an avian influenza outbreak.

12. (U) In the event of an avian influenza outbreak, the GOZ would use its already existing anthrax outbreak rapid response mechanism. Given the current fuel crisis, such a response would likely be slow in remote rural areas. Capacity for animal control has been hampered by the decline of the agricultural sector and especially by the destruction of fencing. Nonetheless, the GOZ is developing guidelines for the culling and vaccination of birds, disinfection of facilities, and limitations of animal movement.

13. (U) In its draft planning document, the GOZ has reportedly identified quarantines, including closing schools and banning public gatherings, as possible measures for controlling the spread of avian influenza. The GOZ has successfully shut down schools and banned public gatherings in other contexts. The military could be involved in enforcing such quarantines.  
SCHULTZ